

SERIAL NUMBER 09/247,406	FILING DATE 02/10/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. HS105
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APPLICANT

MICHAEL CAPLAN, WOODBRIDGE, CT.

CONTINUING DOMESTIC DATA***
VERIFIED

[Signature]

371 (NAT'L STAGE) DATA***
VERIFIED

[Signature]

REIGN APPLICATIONS*****
VERIFIED

[Signature]

BEST AVAILABLE COPY

N FILING LICENSE GRANTED 03/03/99

***** SMALL ENTITY *****

y claimed (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Acknowledged <i>[Signature]</i> Examiner's Initials _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 88	INDEPENDENT CLAIMS 4
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REA L PABST

EL GOLDEN & GREGORY
ONE ATLANTIC CENTER
WEST PEACHTREE STREET
ATLANTA GA 30309-3450

D FOR ALTERING UNDESIRABLE IMMUNE RESPONSES TO POLYPEPTIDES

FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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